

STATE OF MAINE
APPLICATION AND AUTHORIZATION FOR PETTY CASH FUNDS

DEPT/AGENCY _____
(NAME) (NUMBER Ex. 18F)

DEPT/AGENCY _____
(TELEPHONE NUMBER)

FUND/ACCOUNT TO BE CHARGED _____
(TITLE)

(ACCOUNT Ex. Fund / Agency / 8 / Org / BS0017)

CUSTODIAN OF ACCOUNT _____ P _____
(NAME) (VENDOR CODE)

Current Petty Cash Balance \$ _____

Requested Petty Cash Increase \$ _____ *

Revised Petty Cash Balance \$ _____

JUSTIFICATION-OF PETTY CASH INCREASE

(Attach additional statements as needed) _____

REQUESTED BY: _____
Department/Agency, Chief Financial Officer Date

APPROVED BY: _____
Commissioner of Administrative & Financial Services Date

Distribution upon approval: Signed original to the Department/Agency; copy to OSC.